

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/539253 FILING DATE

APPLICANT(S),

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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6		3		3									
7	6	6	6	6									
8	1	1	1	1									
9	0	0	0	0									
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TOTAL IND.	1		1		1								
TOTAL DEP.	13	←	13	←	13	←							
TOTAL CLAIMS	14		14		14								

TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						

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